USE & CARE INSTRUCTIONS

- Hand wash the softgoods in warm water using mild soap
- Air dry at room temperature
- Do not machine wash
- Do not use artificial heat to dry
- When not in use, store brace in a moderate temperature environment (50° 80°F)

REPLACEMENT & UPGRADES

Replacement and/or upgraded padding and straps can be purchased from your practitioner or online at

www.thriveorthopedics.com

MANUFACTURED FOR THRIVE ORTHOPEDICS, LLC

- 387 Ridge Point Drive Carmel, IN 46032
- 484-442-0494
- Thriveorthopedics.com
- sales@thriveorthopedics.com
- (iii) thriveorthopedics

Made in China 02/2021 - V.1

WARRANTY LIMITATIONS

HIGHLY LEVERAGED SQUATTING OR KNEELING





OVERLOADING THE TOE SECTION OF THE FOOTPLATE

WARRANTY only covers unaltered products fit and dispensed by medical professionals and registered per the instructions below



WARRANTY REGISTRATION

Within 30 days of receiving your device, please visit www.thriveorthopedics.com/warranty to register for warranty protection. Late registration may result in a voided warranty.

WARRANTY

Thrive Orthopedics LLC will repair or replace all or part of the unit and its accessories for material or workmanship defects for a period of 6 months for softgoods and 2 years for the carbon fiber component from the date of purchase. For warranty claims, please utilize the following:

- www.thriveorthopedics.com/warranty
- ✓ sales@thriveorthopedics.com
- 484-442-0494
- **387** Ridge Point Drive Carmel. IN 46032

CAUTIONS



- Risk of accident while driving is determined on a case by case basis and you should always consult your practitioner and or physician prior to determining your individual abilities when using this brace
- Appropriate footwear This product should only be worn with a shoe that has a closed heel and toe with at least a 10 15 mm heel height relative to forefoot or as directed by your healthcare provider
- Restricted blood flow nerve palsy and/or restricted blood flow can occur if the brace is secured too tightly
- If you experience any pain, swelling, sensation changes, or any unusual reactions while using this product, discontinue use and immediately consult your medical professional
- This device is for single patient use only -Product wear, tear, and altercations make this product unsafe to be used by more than one patient per product lifetime
- This product was designed and manufactured to only be used in combination with the provided or licensed replacement straps, pads, and other softgoods
- Should any serious incident occur in relation to this device, it should be reported to the manufacturer at the contact information listed on this document and the proper authority of the country or state where you are located
- When treatment is complete, dispose of this device according to local laws and ordinances



F3 AFO PROVIDER GUIDE

Dynamic Feedback Anterior Ankle Foot Orthosis



The F3 DYNAMIC FEEDBACK AFO is designed to fit a wide range of patients without requiring any modifications. If custom modifications are required to suit a specific patient anatomy, please utilize the modification guide that follows.

PLEASE NOTE: Custom modifications are not explicitly recommended and may void the product warranty.



SAFETY PRECAUTIONS

- Custom product modifications should only be performed by a licensed Orthotist, Prosthetist, or equivalent licensed healthcare professional with appropriate training, safety equipment, experience, tools, and facilities to perform such modifications safely
- Appropriate safety goggles, protective gloves, protective apparel, and dust-protection masks or facial coverings should be worn at all times when modifying the device to protect exposed skin, mouth, and eyes from carbon fiber splinters or debris
- All trimmed sections of the device must be professionally sanded and buffed to a smooth finish and cleaned prior to patient fitting
- Patients should never attempt to modify their own device and such patient modifications will automatically void the product warranty
- The Patient Instruction Guide provided with this device should be given to and reviewed with the patient

PRODUCT DISCLAIMER

This brace is a prescription product that should be used only with the guidance and expertise of a licensed professional, in accordance with the referring physician's treatment plan. Outcomes may vary based on factors such as unique anatomy, age, overall health, compliance or lack thereof with directions provided by manufacturer/ practitioner/ physician. Thrive Orthopedics does not make any specific recommendations regarding appropriate activities for the user of this product. You should IMMEDIATELY stop the use of this product and seek medical care if you experience any discomfort, redness, bruising, irritation, or blistering.

FOOTPLATE MODIFICATIONS



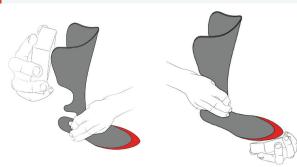
Trace the patient's insole over the AFO footplate



Using industrial tin snips or a dremel saw, trim the footplate to the template size and do not trim beyond red section

SMOOTHING & EDGING

All trimmed sections should be sanded and buffed to a smooth finish





Never dispense a brace with jagged edges on the cuff, footplate, or any modified area

CUFF MODIFICATIONS



Remove cuff padding to expose red trim sections



Trim red wing sections to desired width

PATIENT FITTING

Place AFO under insole of patient's shoe

Place patient insole on top of footplate

Patient's shoe should have a closed heel and toe with at least a 10 - 15 mm heel height relative to forefoot (drop)

Heel inserts can be used to enhance the fit with shoes that have little to no drop

With shoelaces loosened, slide patient's foot into the shoe

Ensure that shoe has minimal distortion and footplate sits squarely on the sole

Fasten shoelaces or secure the shoe fastening device

Feed top and bottom straps through D-rings and secure firmly with an alligator tab. If straps are too long, remove alligator tab and trim to appropriate length. Secure alligator tab to trimmed end of strap

Check for proper fit and comfort level

There should be zero contact with the strut and patient's ankle









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	US WOMEN'S SHOE SIZE	US MEN'S SHOE SIZE	FOOTPLATE LENGTH (inches)	BRACE HEIGHT (inches)
xs	6-8.5	5-7	8"-9"	13"
s	9-10	7.5-9.5	8 ^{3/4} "-9 ^{3/4} "	14"
М	10.5-12	10-11	91/4"-103/4"	15"
L	12.5-14	11.5-13	10"-11"	16"
XL	14.5-16	13.5-15	10 ^{3/4} "-11 ^{3/4} "	17"

FITTING RECOMMENDATIONS ARE BASED ON PREFABRICATED SIZES WITHOUT MODIFICATION

INDICATIONS

Foot drop, foot slap, and other pathologies related to ambulatory weakness associated with conditions such as Multiple sclerosis, muscular dystrophy, traumatic brain injuries, Charcot-Marie-Tooth, Guillain-Barré syndrome, achilles tendinosis, post polio syndrome, stroke, cerebral palsy, mid-foot and ankle arthrosis, or myelomeningocele.

CONTRAINDICATIONS

- X Patient weight > 300 lbs
- X Ulcers on or near AFO contact areas
- Moderate to severe edema
- Moderate to severe foot deformities
- Severe ankle instability
- × Plantarflexion contracture
- Severe fixed ankle valgus or varus conditions
- × Non-correctable triplanar instability
- Running and other high-impact sports& activities
- Material allergy
- Severe spasticity